## **APPLICATION DATA SHEET**

## **Application Information**

**Application Number::** 

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

**Number of Copies of CDs::** 

**Sequence Submission?::** 

**Computer Readable Form** 

(CFR)?::

Number of Copies of CFR::

Title::

COMPACT OBJECT HEADER

Attorney Docket Number::

42339-193222

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure:: 1

**Total Drawing Sheets::** 5

Small Entity?::

NO

Latin Name::

**Variety Denomination Name::** 

Petition Included?::

**Petition Type::** 

Licensed US Govt. Agency::

**Contract or Grant Numbers::** 

**Secrecy Order in Parent Appl.::** 

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship:: CHINA

Country:: CHINA

Status:: Full Capacity

Given Name:: Gansha

Middle Name::

Family Name:: WU

Name Suffix::

City of Residence:: Beijing

**State or Province of Residence::** 

Country of Residence:: CHINA

Street of Mailing Address:: Room 302, 1#unit, 18#bldg, Liu Fang Nan Li,

**Chao Yang District** 

City of Mailing Address:: Beijing

State or Province of Mailing

Address::

Country of Mailing Address:: CHINA

Postal or Zip Code of Mailing

Address::

100028

Applicant Authority Type:: Inventor

**Primary Citizenship::** U.S.A.

Country:: U.S.A.

Status:: Full Capacity

Given Name:: Guei-Yuan

Middle Name::

Family Name:: LUEH

Name Suffix::

City of Residence:: San Jose

State or Province of Residence:: CA

**Country of Residence::** U.S.A.

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**Street of Mailing Address::** 

1239 Quail Creek Circle

**City of Mailing Address::** 

San Jose

**State or Province of Mailing** 

CA

Address::

**Country of Mailing Address::** 

U.S.A.

Postal or Zip Code of Mailing

95120

Address::

**Applicant Authority Type::** 

Inventor

**Primary Citizenship::** 

**CHINA** 

Country::

**CHINA** 

Status::

**Full Capacity** 

Given Name::

Xin

Middle Name::

Family Name::

**ZHOU** 

Name Suffix::

City of Residence::

Beijing

**State or Province of Residence::** 

**Country of Residence::** 

**CHINA** 

**Street of Mailing Address::** 

Room 905, Building 4, No. 3, Rd Qing Nian Gou,

**Chao Yang District** 

**City of Mailing Address::** 

Beijing

State or Province of Mailing

Address::

**Country of Mailing Address::** 

**CHINA** 

Postal or Zip Code of Mailing

100000

Address::

## **Correspondence Information**

**Correspondence Customer** 

26694

Number::

202-344-4000

Phone Number::

Fax Number::

202-344-8300

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E-Mail Address::

**Representative Information** 

**Representative Customer** 

26694

Number::

**Domestic Priority Information** 

-NONE-

**Foreign Priority Information** 

-NONE-

**Assignee Information** 

Assignee Name:: INTEL CORPORATION

Street of Mailing Address:: 2200 Mission College Boulevard

City of Mailing Address:: Santa Clara

State or Province of Mailing

Address::

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing

Address::

95052

CA